Periscope.

NOUVELLE ICONOGRAPHIE DE LA SALPETRIERE

(Vol. 16, 1903, No. 1, January-February.)

1. Chronic Hypertrophic Acrocyanosis. M. PÉHU.
2. A Case of Progressive Facial Hemiatrophy. CALMETTE and PAGÈS.
3. Acquired and Progressive Chronic Trophoedema. J. SICARD and LAIGNEL-LAVASTINE.
4. A Case of Macrodactylia. F. LEJRAS.
5. Macrodactylia. CAYLA.
6. In Regard to the So-Called Sense of Position. CLAPAREDE.
7. Les Urologues. HENRY MEIGE.
8. A Note Upon Three Designs of Jordæns. JEAN HEITZ.

1. *Chronic Hypertrophic Acrocyanosis.*—The pathology of the extremities, acropathology, is yet a limited field in medicine. The types at present known are Raynaud's Disease, L'Osteoarthropathie hypertrophiant pneumonique of P. Marie, and Acroparesthesia of Schultz. The characteristics of these processes are the localization and the sensory vasomotor or trophic type of the symptoms. It is not always possible to differentiate sharply each variety from the others on account of their complexity. In addition to Raynaud's disease, there are three main types in which asphyxia is constant and chronic; they are acrocyanosis with sensory symptoms, with atrophy, and with increase in the volume of the soft parts. The author of this paper, after giving a literature resumé of cases previously described, gives one of his own which evidently belongs to the third class. Case.—Young man, twenty-five years of age, neuropathic history, alcoholic, tuberculous, presented during a period of ten years' intermittent attacks of cyanosis of hands and feet. The asphyxia became in time permanent, and was accompanied by pain so severe that he had to give up his daily work. In addition, the hands increased in volume without any corresponding lesion of the bone (radiograph). There were never any sensory disturbances and no attacks of local syncope. The following were considered in the differential diagnosis: L'osteoarthrop hypertrophiant pneumonique of P. Marie, acromegaly, acroparesthesia, erythromalalgia, and Raynaud's disease.

2. *Facial Hemiatrophy.*—A case of progressive facial hemiatrophy in a young girl, fifteen years old. There are ewo theories to account for this disease: First, primary atrophy of the subcutaneous tissue; second, a lesion in the facial nerve, sympathetic, or the trigeminal, the so-called nervous theory. Brissaud's theory seems more reasonable. "In the presence of a hemilateral affection, involving the seventh, fifth and twelfth nerves, it is natural to think of a lesion in the cerebrospinal axis. "This paper is illustrated by some remarkable photographs.

3. *Chronic Trophedema.*—A classification of edemata based upon the evolution of the symptoms, and not upon the etiology or pathogenesis, seems with our present knowledge the most simple and effective. Henry Meige, in a series of studies, has described a type to which he has given the name of chronic trophoedema. The following divisions and subdivisions are at present recognized: 1. Acute Edemata: (a) infectious, (b) neuropathic; 2. Hysterical Edemata; 3. Chronic Edemata: (a) depending upon various chronic diseases of the heart, lungs, nervous system, etc.; (b) chronic edema of elephantiasis; (c) tropho-edema (Meige). This paper is based upon a case of chronic acquired tropho-edema. Girl,

twenty-seven years of age, neuropathic heredity; as a result of a trauma of the left foot a painful edema appeared, localized at the site and a little above the contused region. This edema was at first transient, but gradually became permanent, and progressively involved the leg, thigh, buttocks, of the same side. Process was a slow one, taking in all two years.

4. *Macrodactyly.*—A case of local gigantism in a child thirteen years old. The median finger of the left hand was enormously enlarged. There was no hereditary history. This finger measured 15 cc. in length, 12 cc. in circumference in the middle of the first phalanx; finger was amputated. The article is illustrated by radiographs and photographs.

5. *Macrodactyly.*—A further case of macrodactylia in a boy seventeen years old.

6. *Sense of Position.*—A discussion of Bonnier's paper on the sense of position, which appeared in No. 2, 1902, of this Journal. (Not adapted to abstract.)

7, 8. Historical and literary notes on medicine in art.

SCHWAB (St. Louis).

(Vol. 16, 1903, No. 2, March-April.)

1. Syringomyelia; Arthopathy of the Shoulder (Muscular Atrophy and Thermoanalgesia of a Transverse Type). E. BRISSAUD and BRUANDET.
2. An Old Lesion of the Red Nucleus. Secondary Degeneration. PIERRE MARIE and GEORGES GUILLAIN.
3. A Case of Late Hereditary Syphilis of a Cerebrospinal Form. RICHON.
4. A Case of Symmetrical Sclerosis of the Occipital Lobe. L. MARCHAND.
5. A Case of Progressive Myopathic Atrophy, with Sensory Symptoms. M. LANNOIS and A. PAROT.
6. Enormous Deformity of the Right Tibia (Forreau de Sabre) in a Tabetic. J. SABRAZES.
7. A Case of Phocomelia and Hemimelia. P. HALBRON.
8. Some Examples of Edemata in Art. HENRI MEIGE.

1. *Syringomyelia.*—Man, forty-nine years, with tuberculosis of the lungs and a scapulo-humeral articulation very much deformed and augmented in volume. The diagnosis of syringomyelia was based upon the arthropathy, muscular progressive atrophy of the left upper extremity, and a dissociation of sensibility localized in both arms. The man died of tuberculosis. Microscopical examination of the cord showed typical appearances of syringomyelia. The shoulder joint showed trophic changes of a very interesting nature. The articular capsule had disappeared together with the ligaments. The long head of the biceps was absorbed; its insertion in the glenoid cavity could not be recognized. Villous vegetations filled the joint. In the muscles of the subscapular, supra, and infraspinous regions ossiform nodules could be demonstrated.

2. *Lesion of Red Nucleus.*—An old lesion found in the red nucleus and causing secondary degeneration of various nerve tracts gave the subject matter of this paper. On account of the rarity and limitation of the lesion, a study of sections above and below it seemed to promise interesting results. The subject of this study had infantile cerebral palsy, from which a left hemiplegia remained. At the age of twenty-seven years he became infected with syphilis, death occurred at forty-nine, with progressive dementia. No cortical or meningeal lesions could be demonstrated. On the left side, exactly in the red nucleus, a lesion was found. It was either an old tubercle, which had passed into the sclerotic state, or an old limited focus of softening. Posteriorly and anteriorly to the red nucleus the structures are normal, showing the sharp limitation of the lesion. It could be compared in fact to a veritable experimental destruction of the red nucleus.

Cross sections above and below the lesion showed very interesting fiber degenerations, the most important of which are degeneration of the cerebellar peduncle, the central tract of the calotte, and the posterior longitudinal bundle. Very excellent plates illustrate the article.

3. *Tardy Syphilis.*—This is a very careful histological study of a case of tardy congenital syphilis in which the lesions were localized chiefly in the cerebrospinal system. The etiological diagnosis could only be made from a study of the lesions. Boy, age eleven years, without visible lesions or stigmata of inherited syphilis. Fistulous lesion of the parietal bone accompanied by Jacksonian epilepsy. Unsuccessful surgical intervention. Persistence of the epileptiform convulsions, accompanied by hemiplegia, with contracture. Progressive decline in intellect, deafness, blindness. Cachexia and terminal tuberculous infection. Autopsy: Fibrous meningoencephalitis, basal gummatous meningitis, cavity formation in the cerebellum, infiltration of spinal meninges. Examination of the skull showed evidences of an extension of the fibrous encephalitis into the bony substance. The evolution of this condition is thus summarized: The brain already structurally deformed, with probably a certain degree of hydrocephalus, a condition not rare in congenital syphilis, became the seat of a gummatous neoplasm. A gumma arising from the periosteum, or osseous tissue, perforated the inner table and attacked subjacent tissue, producing adhesions. The meningeal encephalitis developed slowly at first and led to a sclerosis of the hemispheres, causing the symptoms of cortical irritaiton, that is the epilepsy, and later the hemiplegia. The lesions then became more diffuse, extended to the cord, the base of the brain and to the white matter of the cerebellum. The specific nature of these lesions is very evident on account of the evolution of the process and their anatomical character, as well as by the existence of a veritable syphilitic stigma in the cerebral malformation.

4. *Sclerosis of Occipital Lobe.*—This case is interesting not only because it confirms the previous work on visual localization, but because it determines the group of symptoms which follow a symmetrical sclerosis of the occipital lobe. The slow course of the disease, and the definite lesion leading to a complete destruction of the occipital lobe add particularly to the interest of the case. Girl, nineteen years old; epilepsy; almost complete blindness; central vision for light alone remains, but the patient cannot recognize objects. The eyes are normal. Patient died in status epilepticus. Autopsy: The external and internal surfaces of both occipital lobes are covered by a membrane penetrating into the cerebral substance. The pia mater is adherent. The convolutions are much atrophied. The internal surface presents the same appearance. Microscopical examination shows sclerosis with numerous foci of softening and a great increase in neuroglia. The preservation of a visual field to light around the point of fixation in this case is of great interest, and seems to uphold the theory of V. Monakow, to the effect that the fibers corresponding to the macula are distributed in the whole extent of the cortical field of vision.

5. *Myopathic Atrophy.*—The distinction between muscular atrophy of myopathic and nervous origin is gradually being given up, and an intermediate variety, which includes many irregular forms, is being substituted. Various transitional types belong here. Such a one forms the subject of this paper. Clinical résumé: Man, thirty-eight years old; no family disease; neuropathic heredity; traumatism at seven years; first appearance of symptoms at ten years by lancinating pain and paresis of the muscles. Slow progressive development with a persistence of the pain and pseudohypertrophy of the lower extremities; muscular atrophy in all four extremities, symmetrical in respect to nerve root distribution and almost total in respect to segmental distribution; face not involved. Pseudo-hyper-

trophy of lower extremities, tendon contractures, abolition of tendon reflexes; almost complete disappearance of electric excitability, subjective and objective sensory disturbances.

6. *Tabetic Arthropathy.*—Cases of tabes with evidence of syphilis other than the metasyphilitic nervous lesions, are always of great interest. A number of cases belonging to this variety are increasing rapidly. The case here described is that of a man, forty years old, symptoms of tabes appearing at thirty-eight, as follows: Gastric crises, ocular symptoms, diplopia, Argyl-Robertson pupil, abolition of knee reflex. No history of acquired syphilis. Evidence of hereditary syphilis is present in the characteristic dental malformation and in a sword-like deformity of the right tibia (En Fourreau de Sabre). The character of the tabes in this case is very similar to that which is found in infantile tabes depending upon hereditary syphilis.

7. *Phocomelus.*—Description and photograph of a case of Phocomelia and Hemimelia.

8. An Art Study. SCHWAB.

JOURNAL DE NEUROLOGIE

(1903, VIII, No. 5.)

1. The Differential Diagnosis of Epilepsy. KOWALEVSKY.
2. Incipient Tabes. DE BUCK.

1. *Epilepsy.*—In a very complete review, the author compares the symptoms of epilepsy with those of apoplexy, hysteria, eclampsia and convulsions from other sources, the paretic seizure and vertigoes. Sketching the characteristics of epileptic psychical disturbances, he gives the chief points distinguishing them from acute mental symptoms due to other causes. He then considers the characteristics from a diagnostic and prognostic point of view, of epilepsies of different kinds with the special indications for their treatment. Of particular interest are his remarks on epilepsy of syphilitic origin.

2. *Incipient Tabes.*—The author exhibited at a meeting of the Belgian Neurological Society, the case of a man of thirty-one years, without alcoholic or syphilitic history, but acknowledging abusus Veneri, who presented the following symptoms: Fatigue in walking, slight dragging of the feet, with dysesthetic sensations in the lower limbs, slight diminution of the pain sense in the area of distribution of the second sacral segment, slight ataxia and Romberg, exaggeration of the patellar and arm reflexes, loss of the plantar, Achilles tendon, cremasteric and pharyngeal reflexes. His pupils reacted to light and accommodation. No change in the electric reactions, sphincters normal, constant genital irritation with tendency to priapism. The diagnosis of incipient tabes he bases upon the sensory troubles, and especially upon the loss of the Achilles tendon reflex, and quotes a number of authorities in support of this view of the case.

ALLEN (Trenton).

(Vol. 8, 1903, No. 6, March 20.)

1. Tuberculous Polyneuritis with Exaggeration of the Tendon Reflex in the Rabbit. D. DE BUCK.
2. Infantile Cerebral Palsy. BASTIN.
3. Tic. DE BUCK.

1. *Tuberculous Polyneuritis.* It is well known that in multiple neuritis, the tendon reflexes are occasionally found to be exaggerated. This has been accounted for in three ways: (1) As due to increased irritability of the centripetal fibers (the nerve not being totally degenerated); (2) as due to increased irritability of the muscular fibers, and (3) as due to the